

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS63AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTHILL PALMS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4062 MONTHILL LAS VEGAS, NV 89121</b>		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey and Complaint Investigation conducted in your facility on September 8, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons which provides care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and four employee files were reviewed. One discharge file was reviewed.</p> <p>Complaints #NV00015502 and #NV00017273 were substantiated. See Tags Y276, YA174, YA977, and YA980.</p>	Y 000		
Y 072 SS=D	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and</p> <p>(b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.</p>	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure 1 of 4 caregivers had the required three-hour medication management refresher training every three years.  Findings include:  The file for Employee #1 contained a medication administration certificate dated 3/24/05. The file did not contain evidence this employee completed the required three hour medication refresher training.  Severity: 2 Scope: 1	Y 072		
Y 151 SS=A	449.204(1)(b) Insurance  NAC 449.204 1. A residential facility shall: (b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility.  This Regulation is not met as evidenced by: Based on record review and interview on 9/8/08, the facility could not provide evidence a contract of insurance for protection against liability to third persons was being maintained.  Findings include:	Y 151		

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Y 151	Continued From page 2  The facility's insurance policy available at the facility showed an expiration date of 11/07. The administrator stated that she did not have a copy of a current policy at the facility.  Severity: 1 Scope:1	Y 151		
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on record review and interview on 9/8/08, the administrator did not ensure that menus were prepared in advance, dated, posted, and kept on file for 90 days.  Findings include:  The menu that was posted in the facility was dated February 2007. The administrator stated that menus had not been updated or kept on file for 90 days.  Severity: 1 Scope: 3	Y 272		
Y 276 SS=F	449.2175(7) Nutrition and Service of Food  NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual	Y 276		

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Y 276	<p>Continued From page 3</p> <p>preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the administrator did not ensure meals were prepared with a variety of foods.</p> <p>Findings include:</p> <p>The Bureau received a complaint regarding the facility using primarily ground beef, mashed potatoes and canned vegetables and fruits for its meals, rather than a variety of meats with fresh fruits and vegetables. A tour of the kitchen revealed that ground beef was the primary type of meat in the freezer and in the refrigerator. Employee #1 was making ground beef with mashed potatoes for lunch, along with canned fruit cocktail and canned green beans. This meal did not match what was written on the posted menu. The administrator stated that the facility often used ground beef in the meals because it is easy to for residents to chew.</p> <p>Severity: 2 Scope: 3</p>	Y 276		
Y 435 SS=C	<p>449.229(4) Fire Extinguisher; Inspection</p> <p>NAC 449.229</p> <p>4. Portable fire extinguishers must be inspected,</p>	Y 435		

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Y 435	Continued From page 4  recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure facility fire extinguishers were inspected annually.  Findings include:  During the survey, it was observed the facility fire extinguishers had tags dated 1/11/07. The extinguishers should have been inspected by 1/11/08. The gauges on all of the extinguishers indicated the extinguishers were still charged.  Severity: 1 Scope: 3	Y 435			
Y 773 SS=F	449.2726(1)(a)(1) 449.2726(1)(a)(b) Diabetes  NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance; or  This Regulation is not met as evidenced by: Based on record review and interview on 9/8/01, the facility did not ensure glucose testing for 1 of 1 residents could be performed without assistance.	Y 773			

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Y 773	Continued From page 5  Findings include:  A review of Resident #1's Medication Administration Record (MAR) revealed that glucose levels had been taken by Employee #1 since 7/1/08. Employee #4 stated that Employee #1 tested the the resident's blood sugar (B/S) levels every morning. On 9/8/08, it was documented that Resident #1's B/S level was 264 before breakfast. Employee #1 stated that the home health nurse had told him to check the B/S levels every morning; however, the resident's file did not contain documentation of this order.  Severity: 2 Scope: 3	Y 773			
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility failed to ensure 1 of 3 residents obtained a general physical examination before admission to the facility.	Y 859			

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Y 859	Continued From page 6  Findings include:  Resident #2 - Date of admission 5/11/08 - The resident's file did not contain evidence of a general physical examination by her physician.  Severity: 2 Scope: 2	Y 859			
Y 876 SS=G	449.2742(4) NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: NRS 449.037 Adoption of standards, qualifications and other regulations. 6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given: (a) The ultimate user's physical and mental condition is stable and is following a predictable course. (b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.	Y 876			

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Y 876	Continued From page 7  Based on record review and interview on 9/8/08, the facility did not ensure a medication prescribed to 1 of 3 residents did not require a daily assessment before given.  Findings include:  Resident #1's file contained a note dated 9/5/08 from the home health nurse instructing caregivers not to give the resident Digoxin if her pulse was below 60 beats per minute. There was no doctor's order indicating that caregivers were to make assessments regarding when to give Digoxin to the resident. A review of the Medication Administration Record (MAR) for resident revealed that Employee #1 had been taking the pulse of the resident daily and had been making a determination as to whether or not to give the resident Digoxin. The MAR indicated that the employee had not given the resident Digoxin on 9/6/08 and 9/7/08, when her pulse read 52 and 50 respectively. The resident was not able to determine her need for the medication and the determination of the resident's need for the medication was not made by a medical professional qualified to make that decision.  Severity: 3 Scope: 1	Y 876			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:	Y 878			

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Y 921	Continued From page 10  on the back porch contained bottles of prescribed and over-the-counter medications that were not kept in a locked box. The over-the-counter medications were not labeled with the name of the resident and physician.  Severity: 2 Scope: 3	Y 921		
Y 936 SS=E	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility did not ensure 1 of 3 residents met the tuberculosis (TB) testing requirements.  Findings include:  Resident #2 - Date of admission 5/11/08 - A one-step TB test was completed on 8/3/07. The file did not contain evidence the resident completed an additional one-step TB test on admission. The resident requires a two-step TB test to meet the requirements.  Severity: 2 Scope: 2	Y 936		

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YA101 SS=F	<p>449.200(1)(a-f)Personnel Files</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(a) The name, address, telephone number and social security number of the employee;</p> <p>(b) The date on which the employee began his employment at the residential facility;</p> <p>(c) Records relating to the training received by the employee;</p> <p>(d) The health certificates required pursuant to chapter 441 of NAC for the employee;</p> <p>(e) Evidence that the references supplied by the employee were checked by the residential facility; and</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on review of employee files on 9/8/08, the facility did not ensure that 3 of 4 employees had evidence of a physical examination and that 3 of 4 employees received the required tuberculosis (TB) skin testing.</p> <p>Findings include:</p> <p>Employee #1 - Date of hire 6/24/08 - There was no evidence in the file of a pre-employment physical examination. The file also did not contain evidence the employee completed the required two-step TB skin testing.</p>	YA101		

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YA101	Continued From page 12  Employees #2 and #3, both hired on 6/15/08, did not have evidence in the files of a pre-employment physical examination within six months of hire. The employee files also did not contain evidence the employees completed the required two-step TB skin testing.  This is a repeat deficiency from survey dated 7/18/07.  Severity: 2 Scope: 3	YA101		
YA174 SS=F	449.209(4)(a-d)Health and Sanitation  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse.  This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility was not free of hazards and accumulations of refuse.  Findings include:  1. There were long pieces of wood with protruding nails piled along the fence along with	YA174		

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YA174	<p>Continued From page 13</p> <p>improperly stored hardware on the east side of the house, including cans of paints. An irrigation control box was located in the ground next to the patio. The top of the box had been removed and the controls and wires were exposed. There was an ashtray with cigarette butts on top of a padded chair on the back porch. Residents had access to these areas when in the backyard.</p> <p>2. There were no grab bars for the tub/shower in the hall bathroom.</p> <p>3. There was no lid on a large outside garbage container.</p> <p>4. Four posts were missing on the wrought-iron fence at the front of the house.</p> <p>5. The carpets in the four resident bedrooms had been removed and replaced with linoleum. With removal of the carpet and its padding, the level of the floors in the bedrooms was a 1/2 inch lower than the tiled hallway floor. The 1/2-inch raised edge between the bedrooms and the hallway posed a tripping hazard.</p> <p>6. A wood floor had been installed in the living room area. The wood edging strip had areas where it was unsecured to the floor and posed a tripping hazard.</p> <p>7. The ceiling light in the hallway was not working.</p> <p>8. A hook and eye latch was placed in the top right corner of the hall bathroom door. The eye portion had been painted over and the administrator stated it was not used any longer but had not been removed.</p> <p>9. The door knob on the inside of the door to the northwest bedroom of Resident #2 had a "child-proof" plastic cover placed over it. The cover was secured with clear packing tape. The cover spun around the knob unless it was squeezed in a certain spot that gripped the knob. Use of the cover on the door knob would restrict a resident with dementia from exiting the room.</p> <p>10. An oxygen tank kept in the bedroom closet of</p>	YA174			

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YA174	Continued From page 14  Resident #2 was unsecured and without a stand. The caregiver was not aware the tank was still in the closet from a previous resident. 11. There was no screen on the window in the south bedroom in the facility. The window in the master bedroom could not be opened.  Severity: 2 Scope: 3	YA174		
YA451 SS=F	449.231(2)(a-f) First Aid Kit  NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person.  This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the administrator did not ensure a first-aid kit was available at the facility.  Findings include:  There was no first-aid kit at the facility. The administrator stated that she did not have a first-aid kit in the facility, but that she had one in her car.  Severity: 2 Scope: 3	YA451		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS63AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTHILL PALMS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4062 MONTHILL LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA977 SS=F	<p>449.2754(8)(a-d) Alzheimer's Activities</p> <p>NAC 449.2754</p> <p>8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the resident. The following activities must be conducted at least weekly:</p> <p>(a) Activities to enhance the gross motor skills of the residents;</p> <p>(b) Social activities;</p> <p>(c) Activities to enhance the sensory abilities of the residents; and</p> <p>(d) Outdoor activities.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 9/8/08, the facility failed to provide a program of activities to the meet the needs of 3 of 3 residents.</p> <p>Findings include:</p> <p>The Bureau received a complaint concerning the lack of activities provided for the residents at the facility. During the survey, one resident was observed sitting at the kitchen table with her face in her hands while another resident sat in a recliner watching TV. A third resident was visited by family members and then later was sat at the dining room table with magazines in front of her. There was an undated calendar of activities posted on the kitchen wall and the administrator reported the caregivers did not attempt to provide the activities listed on the posted calendar. The</p>	YA977		

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YA977	Continued From page 16  administrator stated the residents were "too confused" because of their dementia to participate in any of the types of activities that she would do with non-demented residents. There was no evidence that activities had been planned to enhance the gross motor skills and sensory abilities of the residents with dementia; or to promote social interaction.  Severity: 2 Scope: 3	YA977		
YA980 SS=F	449.2756(1)(a-g) Alzheimers  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for	YA980		

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YA980	<p>Continued From page 17</p> <p>outdoor activities;  (2) Has at least 40 square feet of space  for each resident in the facility;  (3) Is fenced; and  (4) Is maintained in a manner that does  not jeopardize the safety of the residents.  É All gates leading from the secured, fenced area  or yard to an unsecured open area or yard must  be locked and keys for gates must be readily  available to the members of the staff of the facility  at all times.  (g) All toxic substances are not accessible to  the residents of the facility.</p> <p>This Regulation is not met as evidenced by:  Based on record review, observation, and  interview on 9/8/08, the administrator did not  ensure that operational alarms were activated on  all doors used to exit the facility; that the yard was  maintained in a manner that did not jeopardize  the safety of the residents; that all toxic  substances were not accessible to the residents  of the facility; and that 3 of 4 employees  successfully completed the training and  continuing education required</p> <p>Findings include:</p> <p>1. The alarms to the front, back, and patio doors  were turned off when the surveyors arrived at the  facility. The patio door alarm could not be  activated by the caregivers and had to be  repaired. This is a repeat deficiency from state  licensure survey dated 7/18/07.</p> <p>2. The side door from house to the side yard and  the fence were unsecured.</p>	YA980		

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YA980	<p>Continued From page 18</p> <p>3. Toxic substances were found unlocked in the following locations: -Bedrooms: wound cleanser spray, hydrogel cream, gentian violet 2% solution -Bathrooms: mouthwash, aloe perineal skin cleanser -Linen closet: wound cleansers, perineal wash, cleanser/foaming disinfectant, rubbing alcohol, body spray, hair spray, gauze sponges, sodium chloride (expired 6/1/07). -Entrance Hall: three bottles of perfume body spray</p> <p>4. Employee #1 (Hire date 6/24/08), Employee #2 (Hire date 6/15/08) and Employee #3 (Hire date 6/15/08) had no evidence in their files of at least two hours of training within the first 40 hours of employment.</p> <p>5. Employee #2 (Hire date 6/15/08) and Employee #3 (Hire date 6/15//08) had no evidence of at least eight hours of dementia training within the first three months of employment.</p> <p>Severity: 2 Scope: 3</p>	YA980		

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